IN THE MAGISTRATES’ COURT Case No

OF VICTORIA AT

**BETWEEN**

|  |  |
| --- | --- |
|  | |
|  | **Plaintiff** |

and

|  |  |
| --- | --- |
|  | |
|  | **Defendant** |

**AFFIDAVIT IN SUPPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Document: |  | Solicitor’s Code: |  |
| Filed on Behalf of: |  | Telephone: |  |
| Solicitor’s Name:  Address: |  | Reference: |  |

|  |
| --- |
| NATURE OF COMPLAINT [state shortly] |

**I**, [full name]

**Of**

[address] & [occupation]

\*affirm/\*make oath and say:

|  |
| --- |
| 1. |

The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury.

**\*Sworn/\*Affirmed at** *[place]*

**In the State of Victoria on** *[date]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[signature of person swearing or affirming the affidavit contents, to be signed in front of the authorised affidavit taker]*

Before me,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[signature of authorised affidavit taker[[1]](#footnote-1)]*

on

*[name, statement of the capacity in which the authorised affidavit taker has authority to take the affidavit, and person or professional address in legible writing, typing or stamp]*

1. A person authorised under section 19(1) of the *Oaths and Affirmations Act 2018* to take an affidavit.

   \*delete if not applicable [↑](#footnote-ref-1)